



Report to the North Carolina General Assembly on Recommendations for a Statewide Aging Study

January 1, 2008

North Carolina Department of Health and Human Services
Division of Aging and Adult Services

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Executive Summary

In what has been called the “calm before the storm,” North Carolina is beginning to experience a major shift in its age demographic. By 2030, it is projected that more than 75 counties will have more residents age 60 and older than 17 and younger. This rather startling statistic was given as one of the reasons why the 2007 General Assembly directed the Division of Aging and Adult Services to make recommendations to the North Carolina Study Commission on Aging by January 1, 2008, on a study to include all of the state’s counties and what it would cost. The Division was further instructed to evaluate similar studies conducted by other states.

This report is organized in seven sections:

- (1) a statement of the legislative request;
- (2) background information that reviews the history of state planning for aging and introduces the concept of livable and senior-friendly communities;
- (3) a discussion of the importance for North Carolina to invest in studying and planning for its aging population—which includes the demographics, the level of awareness and interest among local and state governments, and federal expectations, initiatives, and opportunities;
- (4) an overview of the approach used by the Division in preparing this report;
- (5) a presentation of findings and observations, which includes results of a survey conducted of other State Units on Aging;
- (6) recommendations for consideration by the North Carolina Study Commission on Aging and the 2008 General Assembly, focused on six areas: creating a state strategic and steering team; conducting a survey to assess consumer needs, assets, and expectations; surveying state and local governments to assess their awareness, preparedness, and activities; supporting the conduct of special studies in such areas as retirement migration; supporting state and local planning; and creating an aging data warehouse; and
- (7) a conclusion that presents summary fiscal notes.

In reviewing the work of other states, the Division concluded that what is needed goes beyond conducting a one-time study. The Division is proposing a five-year comprehensive initiative—*Project CACE (Communities and Aging Carolinians—on Edge)*. The name appropriately reflects the urgency of strengthening North Carolina’s knowledge of its aging population and how prepared we are to respond at the state, regional, and local levels. It also suggests that with an appropriate investment our state can move to the forefront of assuring an informed and effective response to an aging population.

Legislative Request: Section 2 of S.L. 2007-355 (S.B. 448)—in response to the growth projections for the population age 60 and older—directed the Division of Aging and Adult Services to make recommendations to the North Carolina Study Commission on Aging by January 1, 2008, on a study to include all counties in North Carolina. It further instructed the Division to evaluate similar studies conducted by other states in identifying the criteria that should be included in the study and recommending an appropriate funding level for the study (see Attachment A). Presumably, this work was also to extend and enrich the Division's efforts relative to Section 1 of S.L. 2007-355 (S.B. 448), for which the Division is to utilize existing data and resources and include Area Agencies on Aging (AAAs) in studying six counties that currently have, or are projected by 2030 to have, the largest numbers of individuals age 60 and older when compared to individuals age 17 and younger. In conducting the six-county study, with the final report due to the Study Commission on Aging by April 1, 2008, the Division is to consider:

1. A profile of the current older adult population.
2. A profile of the projected growth for the older adult population.
3. An assessment of the anticipated impact on programs and services that address the needs of the older adult population.
4. Identification of programs and services that are currently in place.
5. Identification of programs and services that are needed to meet the growth projections.
6. Current funding sources for programs and services serving the older adult population.
7. Anticipated funding needs for programs and services serving the older adult population.
8. A delineation of the programs and services that are shared or offered jointly with another county.

Background: Under State Law (G.S. 143B-181.1A) since 1989, the Division of Aging and Adult Services (then named Division of Aging) has been charged with preparing a plan that includes a detailed analysis of the needs of older adults in North Carolina based on existing data; an analysis of services currently provided and of additional services needed; and recommendations on expansion and funding of current and additional services. The Division has consistently produced and submitted plans to the General Assembly based on its capacity and access to data and assistance from cooperating agencies. Its methods of identifying and analyzing consumer and service needs have varied over the years, including: use of community forums and hearings; review of local and area plans; soliciting input from local planning committees; review of plans, reports, and other information provided by fellow state agencies; securing background papers from experts in aging associated with NC's colleges and universities; and consideration of other secondary data (e.g., published articles, reports on special projects). While these state plans have provided a useful framework for state and local planning and policymaking, analysis and recommendations have been limited by the inability to have a comprehensive and standardized ongoing mechanism to assess consumer needs, assets and expectations and to capture the effect of the publicly funded services in meeting these needs over time.

Beginning with the *1991 State Aging Services Plan*, the Division of Aging and Adult Services has proposed investing in planning for the aging of North Carolina's population. In each subsequent state plan (1993, 1995, 1999, 2003, and most recently, 2007)—the Division has made a case for supporting a comprehensive examination of the nature and implications of the state's aging population.

In the *1991 Plan*, the Division acknowledged that:

“North Carolina’s older citizens represent both a growing challenge to the state’s human services system and an increasingly rich resource for state and local communities. A comprehensive state plan supported by AAA [Area Agency on Aging] leadership and individual county programs on aging must be designed to assist those whose independence is impaired as they advance in age, as well as to facilitate the continued independence of the majority of older adults.” [p.57]

A major emphasis of the *1991 State Plan* was the idea of supporting “comprehensive county-based programs on aging that address the challenges of high-risk older adults and capitalize on the opportunities of all adults for self-help and contribution to others.” In fact, a fundamental recommendation was that “county-based programs on aging [would] be in place in all 100 counties by the year 2000 to meet the needs of the rapidly growing older population.” To support the development and implementation of county plans on aging, the *State Plan* included a recommendation of the Department’s Advisory Committee on Home and Community Care for the General Assembly to appropriate \$2,540,000 annually beginning in State Fiscal Year 1991-92 to provide \$20,000 for each county and \$30,000 for each AAA. These funds were not appropriated. In the years that followed—without any minimum support and incentive—local response to preparing for an aging population has varied tremendously. While all counties are required to develop a funding plan for the Home and Community Care Block Grant, only some—albeit an increasing number—have undertaken a more comprehensive look at the implications of their aging population. The *1991 State Plan* also pointed to the importance of “conducting research, program evaluation, and development efforts that examine the changing needs of older adults and their families and that examine the capabilities of present and proposed service delivery systems and concepts.”

The *1999-2003 State Aging Plan* reemphasized the importance of comprehensive local, regional, and state planning:

“Area Agencies on Aging can help stimulate interest and commitment to more comprehensive planning at the regional and local levels relative to the aging of the community that includes participation and support from business, civic groups, religious leaders, and many others....[such planning should consider] how the county and regional shifts in demographics are affecting and will affect the local tax structure and receipts, economic development and the local workforce, housing and land use, crime and law enforcement, transportation, fire and emergency services, health and human services, volunteerism, local education and recreation, and a host of other areas. There are few areas of county governance and interest that are unaffected by the aging of the population.” [p.95]

With the *2003-2007 State Aging Plan*, the Division of Aging and Adult Services began introducing the idea of senior-friendly communities, which included support of planning and evaluation as a key building block:

“While nearly every community in North Carolina will see greater numbers of older adults in the future, many may not readily or easily see the effect of this aging nor respond proactively to tap the resources and meet the needs of their seniors. The proposed senior-friendly community is

not only a desirable goal but a necessity for the interests of older adults, their families, and also for the communities themselves.” [p.40]

In using the concept and vision of livable and senior-friendly communities to frame the current *2007-2011 State Aging Services Plan*, the Division of Aging and Adult Services outlined its objectives in terms of eight components believed to be essential in achieving such communities: physical and accessible environment, healthy aging, economic security, technology, safety and security, social and cultural opportunity, access and choice in services and supports, and public accountability and responsiveness. The concept of senior-friendly communities evolved into livable and senior-friendly communities out of focus group discussions with high school students, the faith community, business leaders, aging boomers, older adults, and others—all of whom expressed that while there may be needs and interests specific to an older cohort, many of the goals of a community should be applicable to people of all ages. For example, a more walkable community is important for the health and engagement of all citizens. Interest in the livable and senior-friendly community framework has steadily grown among stakeholders at the national, state, and local levels. This interest is discussed in Chapter 2 of the *2007-2011 State Plan* (see Attachment H).

“The rise in the number of aging citizens will impact the social, physical and fiscal fabric of our nation’s cities and counties, dramatically affecting local:

- *aging, health and human services;*
- *land use, housing and transportation;*
- *public safety, workforce and economic development;*
- *recreation, education/lifelong learning; and*
- *volunteerism/civic engagement policies and programs.*

The first baby boomers have begun turning 60 this year, yet most communities are unprepared to handle the increased demands that this population shift will create. An organized, informed and thoughtful community planning process to prepare for the aging of this nation’s population is needed at every level. Preparedness is not just for disasters and emergencies, but should be used to help a community adapt to changing demographic needs. ‘Livable communities for all ages’ refers to places where citizens can grow up and grow old with maximum independence, safety and well-being. Although there is much that individuals can and should do to maximize their independence as they age, public policy makers must make critical decisions relating to housing opportunities, transportation systems, and land use regulations, for example, that affect the ability of an older adult to live at home and in their community. Planning must not occur in a vacuum. State and local governments are already mandated to develop and implement long-term planning in a variety of arenas, but these plans are often developed without input as to how community infrastructure and broader service systems will be impacted by the aging of the population. Given the magnitude of the aging of this nation’s population, these plans will only be cost-effective and efficient if they incorporate aging into the process. Communities need to have support to ensure that their policies, programs and services promote livable communities for all ages—communities that are good places to grow up and to grow old.”

—Livable Communities for All Ages & The Older Americans Act, National Association of Area Agencies on Aging, March 2006, http://www.n4a.org/pdf/MakingTheCase_LivableComms_2006.pdf

Context: This is an important period vis-à-vis aging, both in North Carolina and nationally, for a number of reasons. Three of these reasons are discussed below.

Demographics

The State legislation calling for this report (S.B. 448) acknowledged the aging of North Carolina. In what could be termed the “calm before the storm”—North Carolina will soon experience a dramatic shift in its demographics as measured by the number and proportion of older adults, as well as the relative rate of growth (see Attachment B for demographic tables and charts). This is well captured in the rather startling statistic that while today 28 counties have more persons age 60 and older than 17 and younger, by 2030, 75 counties are projected to show this demographic pattern. Even among counties that will have more younger than older people over the next 20 to 25 years, the aging of their population is impressive. For example, Wake County is projected to have the highest growth rate for the population age 60 and older between 2005 and 2030 (230 percent). There are multiple factors contributing to the aging of the population, including increased life expectancy, the in-migration of retirees, the out-migration of younger residents (especially in rural areas), lowered birth rate, and the aging of the boomers. Our change in demographics will surely have implications for public policy at the state and local levels, not only in terms of health and human services but in virtually all domains (e.g., taxes and revenue, transportation, housing, labor and commerce, education, and recreation). The complexity of the effect of the change in demographics becomes even greater when taking into account such other factors as the variance in income and educational levels; the presence of health disparities; and geographic location. The Division of Aging and Adult Services has explored some of these changes in its state plans and in a special series of reports in 1997 on North Carolina’s baby boomers at mid-life.

“North Carolina, with the rest of the US, faces two distinct challenges in the area of aging. The first is to provide support and opportunities to the remaining members of the “the greatest generation”—those who were young men and women during World War II, and who are now in their 80s and older, as well as today’s “young old” as they age and grow more vulnerable. The second is to prepare for the transition of the “baby boomers” into retirement ages, the first of whom turned 60 in 2006. The boomers will transform the age structure of the State and bring a new generation of older adults with some of the same historic challenges, but also new attitudes, new challenges, and new resources.”

—2007-2011 North Carolina Aging Services Plan

Awareness and Interest

To help cities and counties better meet the needs of an aging population and leverage the experience and talent of older Americans, five national organizations (i.e., National Association of Area Agencies on Aging, International City/County Management Association, National Association of Counties, National League of Cities, and Partners for Livable Communities) collaborated on an initiative to assess the “aging readiness” of America’s communities. Funded by the MetLife Foundation, the initiative—known as *The Maturing of America: Getting Communities on Track for an Aging Population*, began in November 2005, with a survey of 10,000 local governments (278 in North Carolina). The survey examined such areas as health care, transportation, public safety and emergency services, housing, taxation and finance, workforce development, civic engagement and volunteerism, aging and human services, and policies that benefit older adults. The survey (see Attachment C) was designed to answer three key preparedness questions: (1) whether efforts are being made to assess and put into place programs, policies and services that address the needs of older adults and their caregivers; (2)

whether cities and counties are able to ensure that their communities are "livable" for all ages—not only good places to grow up but good places to grow old; and (3) how well equipped an area is to harness the talent, wisdom, and experience of older adults to contribute to the community at large. After the first survey phase was completed, a more in-depth survey was sent to 500 communities whose initial responses indicated a high degree of readiness. This secondary data was then compiled for a "promising practices" guide to help other cities and counties across the nation increase their capacity to effectively serve the growing segment of aging Americans.

The survey found that only 46 percent of American communities have started addressing the needs of the rapidly increasing aging population—"although many communities have some programs to address the needs of older adults, few have undertaken a comprehensive assessment to make their communities "elder friendly" or "livable communities for all ages." Among the 278 NC local governments that were contacted, only 33 (or 18%) of the cities and towns responded, as did 31 counties. While it is likely respondents were more aware of and preparing for their aging population than non-respondents, it is encouraging that:

- Nearly half (45%) reported that their local government had a planning process in place that considers the needs of older adults (although there is no indication of the focus or comprehensiveness of this process);
- Nearly half (47%) reported that they had solicited information from older adults in their community in the past three years to determine their needs (e.g., survey, needs assessment, town hall meeting); and
- Overall half (53%) reportedly had begun to plan for a growing senior population.

In fact, Buncombe County, which responded to the survey, was recognized in the final report as offering a "promising practice" with its community transportation program—called Mountain Mobility—providing several mobility options to older adults.

"Survey findings indicate that local governments generally offer basic health and nutrition programs, but as yet do not have the policies, programs or services in place to promote the quality of life and the ability of older adults to live independently and contribute to their communities for as long as possible. These services might include job retraining, flextime and other job accommodations, home chore services, home modification and senior-friendly housing options, tax relief, roadway redesign or public transportation assistance as well as volunteer opportunities targeted to older adults. The needs of older adults are often interrelated. For example, providing housing will not be sufficient if residents lack transportation to get to basic services such as medical offices, the pharmacy or grocery store. These interdependent needs of older adults may require a completely new comprehensive, holistic approach to service delivery organization and management. America's communities need to take a fresh look at their existing policies, programs and services to see if they address the needs of an aging population. Those communities who have already begun to test their 'aging readiness' are now reaching out to their older citizens to engage them in discussions about what changes to local government services may be needed to enhance their quality of life and ensure that they can grow old successfully in the community."

—*The Maturing of America: Getting Communities on Track for an Aging Population*,
<http://www.n4a.org/pdf/MOAFinalReport.pdf>

The low response of North Carolina's local governments could be viewed as an indicator that the aging of the population is not yet seen as a driving force for decisions about policies and programs. Here is another illustration—a Chamber of Commerce in one of the county areas identified by S.B. 448, while sponsoring a recent regional amenities survey, expressed interest in reaching “more retiree age people...to get a full picture of the wants and needs of citizens.” Yet, there was little evidence in the survey instrument that the interests of seniors were considered. For example, a survey question about activities that included 38 items had no items pertaining directly to senior activities (unlike some questions targeted toward children—“Be active in children's school activities,” “Coach children's sports”). In a question asking how the region was “as a place to live for the following kinds of people,” none of the nine choices (e.g., recent college graduates looking into the job market; young, single people; families with children) were targeted toward older adults. The demographic question about the respondent's age gave four age intervals between 20 and 54, but only one among those aged 55 and older.

Still there are signs of growing awareness and interest about the aging of our population among communities across the state. In 2005, North Carolina was selected as one of eight states to work with the U.S. Administration on Aging toward developing a comprehensive planning model for aging. The Division of Aging and Adult Services and the 17 AAAs are partnering in this work, which has largely focused on strengthening local planning for aging. Three principles have guided the work—planning for an aging population should: (1) be citizen-driven; (2) use a process as simple in design as possible; and (3) be outcome-based. Encouraged and facilitated by AAAs and others, communities are forming or strengthening local Aging Leadership Planning Teams, who are undertaking their own needs assessments and other activities (see Attachment D for information on three such teams in Buncombe, Caldwell, and Cherokee counties). The previous work of the Division and AAAs since the early 1990s has helped inform this latest effort. The Division presented to the 2004 Aging Study Commission about the work of two counties—Mecklenburg and New Hanover—in recommending support for such planning efforts. These two counties, joined by their AAAs, had volunteered to work with the Division in assessing and planning for core long-term services and supports—a priority recommendation of the *2001 Long-Term Care Plan for North Carolina*. The Division had developed an evaluation tool for each of 22 core long-term services and supports to aid local planning. A major issue today is that there is great variance in the sophistication of local activities and in local capacity for planning. Also, there is rarely the opportunity to compare one county's findings with another because of the differences in the indicators and methods used (Attachment E illustrates the emergence of local planning for aging but also the variance in survey tools among three counties—Buncombe, Caldwell, and Cherokee).

There are other signs of the growing awareness about the importance of addressing our aging population among policymakers and those who work to influence state policy. S.B. 448 is evidence of this as is the fact that the N.C. Center for Public Policy Research plans to focus on aging in a 2008 issue of its Journal, *North Carolina Insight*, for the first time since 1985. One of the center's proposed articles will reportedly summarize its research findings to improve and shape future state aging policy plans.

Federal Expectations, Initiatives, and Opportunities

The federal Older Americans Act, enacted in 1965, came about in a nationwide climate of concern for the needs of older adults. While the importance of planning and coordination was recognized, little funding followed. There are now federal efforts underway that may help shape

North Carolina's response to an aging population—if North Carolina is sufficiently prepared to respond. The 2006 amendments to the federal Older Americans Act (OAA) gave both the State and Area Agencies on Aging (AAAs) an *enabling* charge (not a requirement)—but no new funding—to assess the readiness of the state and the regional planning and service areas, respectively, for the anticipated aging of the population over the next 10 years. In the case of the State, the OAA [Public Law 109-135, Section 307(a)(28)(A-B)] suggests that such an assessment include:

- *“the projected change in the number of older individuals in the State;*
- *an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;*
- *an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and*
- *an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.”*

The enabling charge for the AAAs [Public Law 109-135, Section 306(b)(1-3)] is even more expansive and in many ways mirrors the livable and senior-friendly community framework:

“An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted. Such assessment may include—

- (A) the projected change in the number of older individuals in the planning and service area;*
- (B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;*
- (C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and*
- (D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.*

An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

- (A) health and human services;*
- (B) land use;*
- (C) housing;*
- (D) transportation;*
- (E) public safety;*
- (F) workforce and economic development;*
- (G) recreation;*
- (H) education;*

- (I) civic engagement;
- (J) emergency preparedness; and
- (K) any other service as determined by such agency.”

The primary issue for both North Carolina’s Division of Aging and Adult Services (as the designated State Unit on Aging) and its AAAs remains one of capacity. The Division and AAAs regularly research information and mine data to produce reports to aid state, regional and local planning (e.g., *NC County Profiles*, *Aging Program Expenditures Data*, *Baby Boomers at Mid-Life—The Future of Aging in North Carolina*, *Caregiver Statistics*, *County Disability Rates*)—working largely from existing data (e.g., U.S. Census, Behavioral Risk Factor Surveillance System). Many of the Division’s documents and sources are catalogued on its Demography and Planning webpage (<http://www.ncdhhs.gov/aging/demo.htm>). Still, the wherewithal to undertake the assessment described in the Older Americans Act is beyond the reach of the Division and AAAs both in terms of personnel availability and expertise, and especially resources needed for quality surveys. It is noteworthy, for example, that despite an increase of \$300,000 in State support of AAAs awarded during the 2007 Legislative Session, State support for AAAs is still \$270,000 less than what they received in 2001. Today, State support for AAAs totals \$772,200, on an average of \$45,423 per AAA. These limited funds help support a wide range of duties of which planning is but one—others include compliance monitoring and quality assurance in the administration of the Home and Community Care Block Grant and other service funds; provision of information and assistance (including serving as regional data hubs and major data contributors to NC careLINK, the Department’s web-based community resource database); resource, program, and systems development; public/consumer and provider education and training (e.g., AAAs continue to have an important role in Medicare Part D outreach, education, and counseling); and special projects (e.g., evidence-based Chronic Disease Self-Management). The strength of local planning for aging statewide is certainly affected by the capacity of AAAs to assist.

While North Carolina has far to go in understanding and responding to the many and varied implications of an aging population, the Department of Health and Human Services has succeeded in securing federal grants to begin to reshape the future of services and supports for older North Carolinians and their families. These opportunities have included the Systems Transformation grant from CMS, and also grants from the U.S. Administration on Aging. For example, the U.S. Administration on Aging is promoting conceptually and through grant opportunities its *Choices for Independence* initiative. North Carolina has already received grants under this initiative—to pilot Aging and Disability Resource Centers/Connections and an evidence-based Chronic Disease Self-Management project. The significance of these federally funded initiatives in relation to a strengthened capacity for statewide planning is that state and community awareness and support are essential to applying and sustaining successful policy reforms and innovative programs. AAAs can have an especially important role in helping assure that changes and innovations happen in concert with the strengths of existing infrastructure and approaches whenever possible.

In testimony to the U.S. House Subcommittee on Select Education (March 2006), U.S. Assistant Secretary on Aging Josephina Carbonell indicated that over the last 40 years the Older Americans Act (OAA) and the aging services network has produced a wide array of innovative programs to help older Americans retain their independence in the community. But she stated, “We must look forward to the changing realities facing our nation.” Some of these realities include increasing numbers of people living longer and the expanded demand for long-term care. She outlined the components of the Administration’s Choices for Independence (Choices) proposal: empowering consumers, targeting high-risk individuals, and building prevention into long-term care. Choices aims to help non-Medicaid eligible elderly take greater control of their long-term care and to empower middle-aged individuals to plan ahead for their long-term care. Assistant Secretary Carbonell stated, “The aging services network created by the OAA and led by AoA is well positioned to help ensure the modernization of long-term care in our country.”

Approach: In preparing this report, the Division of Aging and Adult Services primarily followed the directive of the General Assembly to examine what other states have done. Working through the National Association of State Units on Aging (NASUA), the Division surveyed all of the other 49 states and the District of Columbia, using a brief set of questions (see Attachment F for survey questions). It supplemented this NASUA survey with a search of the Internet for secondary sources of information. The Division also consulted with personnel of the UNC Institute on Aging and its current class of Senior Leaders, staff of the HW Odum Institute for Research in Social Science at UNC-Chapel Hill, and with leadership of the NC Association of Area Agencies on Aging.

Findings and Observations: Among the 20 states that responded to a survey that the Division of Aging and Adult Services conducted in November 2007, through NASUA, 15 indicated that they had undertaken a comprehensive statewide study of aging within the past 5 years. While some of these studies were targeted to a specific topic (e.g., long-term care), others were much broader in scope.

Among the 15 states that had undertaken a study, 10 reportedly assessed the anticipated impact on programs and services that address the needs of an aging population; 13 identified new programs and services that are needed to meet growth projections; and 8 examined anticipated funding needs for programs and services serving the older adult population (although Minnesota qualified its response as shown below).

“The larger insight is that, in many instances, the anticipated future funding needs (based on current use rates and current service models applied to increased population) are completely unsustainable. The new models that will need to be designed have not yet been developed, so we can’t estimate how much they are likely to cost. As the “market” is changing—so are the expectation, preferences, values, etc. of our target population (viz. older people).”—Minnesota

The reporting states used a variety of methods in conducting their studies. The identified methods included: public forums and public hearings; focus groups; telephone, mail, web, and face-to-face surveys; key informant interviews; observation; and use of strategic planning committees and advisory groups.

Among the 15 states that had conducted studies, 13 had used outside entities (either private vendors or universities) to do some or all of the study. The reported cost of the studies ranged from \$20,000 to \$500,000. Funding sources primarily included: state appropriations, federal Older Americans Act funds, and foundations. Further details about the state survey findings are provided in Attachment G.

“To ensure that such data are available for the state’s long-term care planning, legislative and other policymaking activities, the Connecticut General Assembly in its 2006 session authorized and funded a comprehensive statewide Long-Term Care Needs Assessment ~ the first in over twenty years (Public Act 06-188, Section 38).”

Other notable findings from the states that had conducted studies included:

- New York is an example of how at least some costs associated with its *Project 2015* were shared by the many different participating state agencies. This was a project of the Governor.
- Several states emphasized that the important work in considering and responding to an aging population does not end in a study; it is rather just the beginning of what needs to take place through awareness-building, training, community and policy dialogues, program and policy reforms, etc. In fact, Kentucky reports requesting \$1.2 million for this purpose.
- Some states have set in place expectations and processes for regularly updating their studies, realizing the value of tracking changes in service needs and expectations.
- While there seems to be general recognition about the importance of providing local report data, most of the studies appear unable to provide county-specific data because of the needed survey sample size that affects study costs.

Although not explicitly asked about the value of their study, some volunteered strong positive opinions about its worth.

“The survey has been incredibly helpful. It continues to be used by entities throughout the state to increase funding for various projects....Based on the current community-based service delivery systems, the total yearly expenditure is projected to grow from \$24 million in 2004 to \$41 million in 2012. The cost to meet all the needs as identified in the survey would grow to \$162 million by 2012....The Strengths and Needs Assessment will be used to set priorities for programs and services for older adults as plans are made to accommodate the increasing population of older adults in Colorado.”

“Planning for the future involves all age groups and constituencies and the participation of elders in the process is essential. [Kentucky Elder Readiness Initiative] KERI is also concerned with regional differences. What is appropriate for Paducah may not apply to Louisville or reflect the needs and potential of Hazard or Somerset. Finally, KERI is part of a process of continuous planning; it is not a report to be placed on a shelf but rather a statewide movement to prepare for a better future. Participation of the media in this movement is vital.”

Recommendations: North Carolina has an opportunity to build on the experiences of other states and step forward with a major commitment that is essential to state and local-level preparedness for an aging population that would make it a national leader. The following

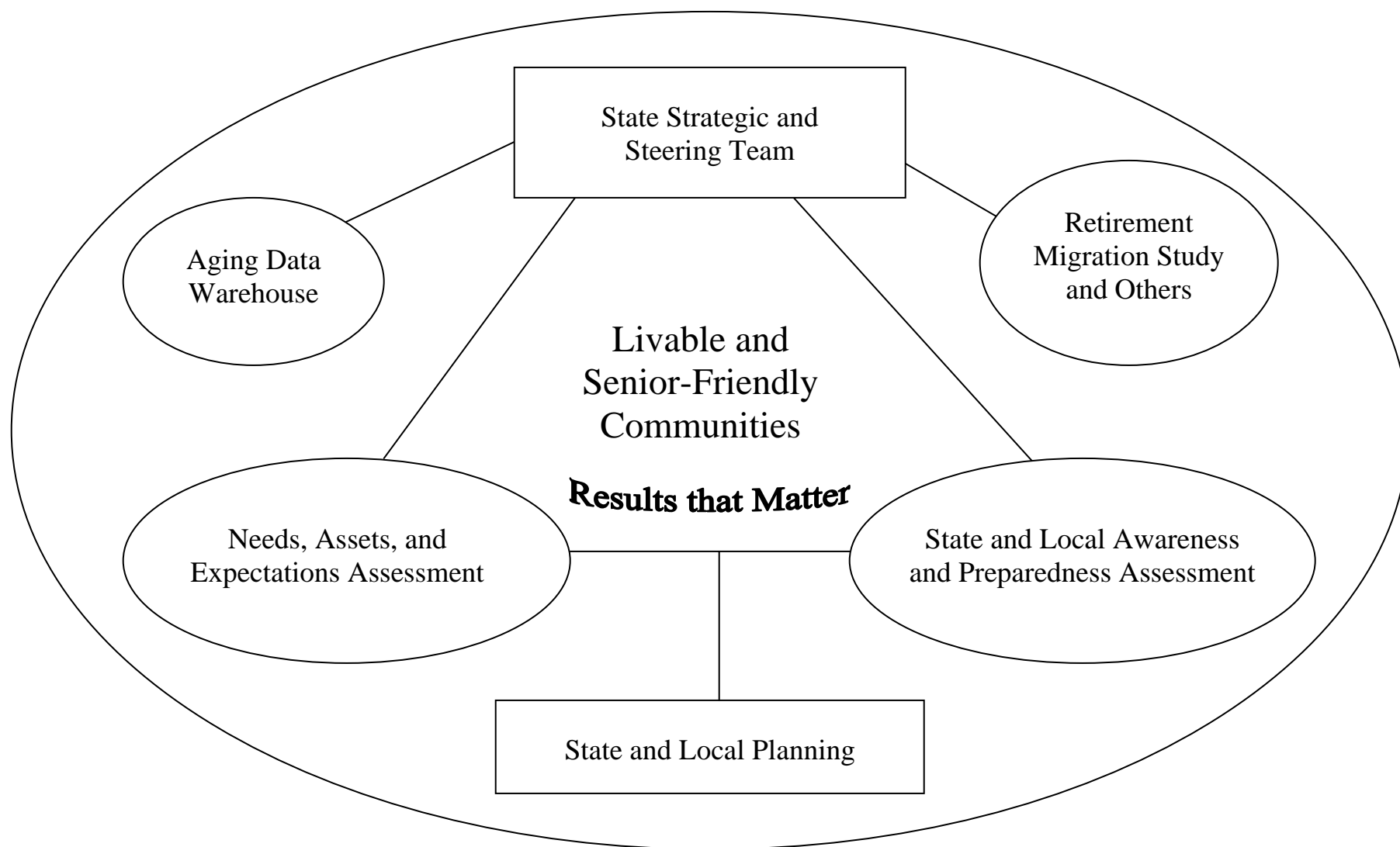
schematic presents an overview of the proposed components of a five-year comprehensive initiative—termed *Project CACE (Communities and Aging Carolinians—on Edge)*. The name captures the fact that the aging of our population has significance for individual citizens and communities across the state. Preparedness for aging is both a personal and community responsibility, and an assessment of preparedness must involve both individuals and communities. The recommended overall goal for *Project CACE* is to strengthen North Carolina’s capacity at the state, regional, and local levels for assuring an informed and effective response to an aging population. The project would build on the livable and senior-friendly community (LSFC) framework introduced in the *2007-2011 State Aging Services Plan*, which was presented to the General Assembly in March 2007. The vision is to create livable and senior-friendly communities across North Carolina that are strong in all eight areas of the LSFC framework: physical and accessible environment, healthy aging, economic security, technology, safety and security, social and cultural opportunity, access and choice in services and supports, and public accountability and responsiveness (see Attachment H for the *State Plan* chapter outlining the LSFC framework). This is a framework consistent with many of the states that responded to the NASUA survey.

The reference to “*on edge*” in the term *CACE* suggests that North Carolina is on the cusp of a major societal change. It also suggests that North Carolina can move to the forefront of progressive understanding and action on behalf of its aging population that should give it an advantage for the future. The initiative is described for a five-year period to allow sufficient time to complete the tasks and evaluate its effectiveness and the value of continuing any or all of the activities. Each of the initiative’s recommended components identified below is further discussed after the schematic, with fiscal notes provided as needed

- ***Create state strategic and steering team***
- ***Assess consumer needs, assets, and expectations***
- ***Assess state and local awareness and preparedness***
- ***Conduct special studies***
- ***Support state and local planning***
- ***Create an aging data warehouse.***

Although each of these six components represents a separate set of activities, they come together to make up a single, integrated approach to assuring livable, senior-friendly communities that are both meeting the needs of and capitalizing on the opportunities provided by the unique demographic events before us. It is part of the task of the *State Strategic and Steering Team* to make sure that these activities do not become ends in themselves but continue to function in a fully integrated manner. The assessments (consumer needs, assets, and expectations and state and local awareness preparedness) along with the special studies all provide information needed for planning at the local and state levels. The planning effort will also benefit from secondary data in the aging data warehouse. Still, planning is only valuable when it produces action, and we can only truly know if the action is worthwhile when we can measure results. Effective local and state planning will have objectives and outcome measures based on information synthesized from the assessments and special studies as well as the activities needed to meet these objectives. Data from the aging data warehouse can then be used to help measure the achievement of these objectives; thus providing information for use by local and state planning entities and the *State Strategic and Steering Team* to adjust their actions as needed to keep moving toward the livable and senior-friendly community objectives.

Project CACE, Communities and Aging Carolinians—on Edge



State Strategic and Steering Team

Building on an approach used in several states—including Minnesota, New York and Texas—it is recommended that the executive and legislative branches collaborate to establish a state-level *Strategic and Steering Team* for *Project CACE* (whose membership should be of a blue-ribbon nature) and assure adequate resources for its ongoing work. While details of the collaborative arrangement for appointing Team membership and providing necessary staff support await approval of the concept, the proposed scope of the Team’s work could include:

- Envisioning and articulating the overall mission of *Project CACE*
- Designing and implementing the *Consumer Needs, Assets, and Expectations Assessment* (described below)
- Designing and implementing the process for the *State and Local Awareness and Preparedness Assessment* (described below)
- Securing other studies to supplement the information needed for comprehensive planning, including the *Retirement Migration Study* (described below)
- Using the findings of the assessments and studies, as well as other secondary information, to produce reports to guide policy and program development, and to design and implement the process to strengthen state and local planning (described below)
- Evaluating the utility and effectiveness of *Project CACE* to recommend to the Governor and the General Assembly any necessary changes in its mission or design and to relate its merits for continued support, and to otherwise identify action needed to ready North Carolina for its aging population.

The possibility of using the Governor’s Advisory Council on Aging (GAC), already established in State Law (G.S. 143B-181), to serve as this strategic and steering team should be considered. The GAC’s membership is appointed by the Governor, the President Pro Tempore of the Senate, and the Speaker of the House of Representatives. The composition, as spelled out in statute, includes representatives of various state agencies and citizens at large. As shown below, the GAC’s prescribed duties are certainly consistent with the activities proposed for *Project CACE*:

- Make recommendations to the Governor and DHHS Secretary for improving human services to older adults;
- Study ways to promote public understanding of aging problems and consider the need for new State aging programs;
- Advise DHHS in preparing a plan describing the quality, extent, and scope of services for older North Carolinians;
- Study all State programs serving older adults and advise the Governor and DHHS Secretary on coordination of programs to avoid duplication and overlapping of services; and
- Advise the Governor and DHHS Secretary on any matter they may refer to it.

While the GAC has functions similar to those described for the *CACE* strategic and steering team, there may be several practical questions about the GAC’s capacity to serve as this team. First, GAC funding was cut by the General Assembly in SFY 2001-02 from \$8,000 to \$4,000. These funds help the Division of Aging and Adult Services, which provides staff support to the GAC, with the cost of the required four meetings, including the per diem and travel expenses of members. Second and more importantly, while the GAC effectively raises awareness about important issues and influenced some policy matters through its symposia and reports—again staffed by DAAS—its statutory charge does not include all of what is recommended in *Project*

CACE, especially in terms of the assessments. Third, the GAC has no official responsibility to report directly to the General Assembly or its Study Commission on Aging. Fourth, current DAAS staff support available to the GAC is minimal compared to what would be needed for the *CACE* strategic and steering team. An option for connecting the GAC with *Project CACE* would be to have the Governor-appointed GAC chair serve on the *CACE* team and strengthen DAAS staff capacity to serve both the GAC and the *CACE* team.

Fiscal note: To support the Team's work, it is suggested that there be an annual, recurring appropriation of \$225,000 to include \$150,000 in staff support, \$50,000 for special studies, and \$25,000 for other expenses (e.g., travel, meeting costs, equipment, publications).

Consumer Needs, Assets, and Expectations Assessment

Again building on an approach used by other states—most notably, Colorado, Florida, Kentucky, Minnesota, Texas, and Wisconsin—it is recommended that North Carolina support an ongoing assessment of the needs, assets, and expectations of its older population and the aging boomer cohort. Specifically, it is recommended that North Carolina conduct a survey twice over a five-year period, in years one and four. Reasons for surveying twice include expanding the pool of respondents to enrich the findings; allowing for some tracking of the effect of state and local actions on the lives of consumers; and providing a longitudinal glimpse of what happens to consumers' needs, assets, and expectations—given that half of the respondents would be repeat contacts (see below). It is also possible that the Strategic and Steering Team would elect to add a few questions to address any emerging concerns. It is further recommended that North Carolina conduct this survey in such a way that useful information is available at the local as well as state levels. While ideally the survey size would be sufficient to provide county-specific reports, this is impractical. Based on input from key informants, including personnel with the HW Odum Institute for Research in Social Science at UNC-Chapel Hill, the following strategies are recommended to assure a manageable project that provides a good representation of consumer input for statewide and regional analysis to inform state and local planning. There are also suggestions for supplementing the survey data with other information to aid local planning.

Survey Design

- Research existing tools (national and from other states) that can provide a prototype for North Carolina's survey instrument and also enable benchmarking for use in analysis (see Attachment I for sample tools from other states). Another advantage of using existing instruments is that many have already had their tools validated.
- Adapt survey tool(s) based on input from key informants, possibly using three to four focus groups representative of various areas of the state, to develop North Carolina's survey instrument.
- Identify variables (e.g., county-type, age, rurality) that would facilitate branching of questions for interviewing and analysis of data.
- Use techniques to assure adequate representation of target populations and appropriate subgroups (e.g., minority, rural, low income, in-migrating retirees).

Survey Implementation

- *Year One:* complete at least 2,500 telephone interviews with target population (interview lasting 20 minutes or less).
- *Year Four:* complete at least 2,500 telephone interviews with target populations (i.e., 1,250 as repeat interviewees; 1,250 as new respondents).

Products

- State summary report
- Regional summary report for each of the 17 Area Agencies on Aging
- Report that provides findings for county-types (e.g., similar demographics) that can be used with local focus groups to validate and enrich information.

Post-Survey Activity

- The *State Strategic and Steering Team* will use available reports to inform state agencies and make recommendations to the Governor and General Assembly.
- Area Agencies on Aging will use regional summaries and county-type reports to inform local governments and agencies and support local Aging Leadership Planning Teams.
- Working with the UNC Institute on Aging, data will be made available to colleges and universities for further analysis and use locally. The survey instrument will be made available as well to aid counties and municipalities wanting to conduct a local study to enrich the data available for planning and evaluation. Another option could involve use of a supplemental questionnaire with key local informants. Colorado employed this approach to increase its understanding of the needs and strengths of older adults in smaller counties (see Attachment J). This is an activity that could be undertaken by AAAs working with local colleges.

Additional suggestions for this assessment include:

- Use the expertise of the University of North Carolina system to plan and administer the assessment. This may include working through such entities as the UNC Institute on Aging and the Odum Institute for the overall coordination of the project (see Attachment K). Whenever possible, other academic institutions should be informed of the initiative and encouraged to participate (e.g., assist with local surveys, conduct focus groups, mine available data for additional analysis) to promote greater connectedness between the academic institutions and local planners. An important byproduct of this involvement of academic institutions across the state would be increased opportunities for students and faculty in applied research.
- Use the livable and senior-friendly community framework to design the assessment project because it will provide a comprehensive approach and will support emerging efforts by the Division, AAAs, and local Aging Leadership Planning Teams. Use of this framework is consistent with a national trend and would further facilitate comparative analysis among North Carolina communities and with those of other states. The scope of the studies of many other states parallels well the areas of NC's LSFC framework (see Attachment I for examples of this). It is also a framework that many NC communities are beginning to adopt (see Attachments D and E for examples of related local planning initiatives).
- Include in the survey persons age 45 and older (that includes the youngest of boomers as of 2009) to assess current and projected service needs and perceptions about the livability and senior-friendliness of communities. This age criteria also corresponds to how public data are more commonly organized, which should enrich analysis.
- Assure through over-sampling an adequate representation of subgroups at particular social and economic risk (e.g., low income, minority, rural).

“The results of Colorado’s statewide strengths and needs assessment are reinforced by the AdvantAge Initiative 2003 National Survey of Older Adults. That survey found that, while the majority of older adults in the United States are thriving, a small, but sizeable minority—the ‘Frail Fraction’—is struggling. In planning for the future, communities must address both aspects of their aging population. A community that is prepared to both meet the needs and cultivate the strengths of its older population is considered to be elder-friendly.”

Fiscal note: \$200,000 for survey design, implementation, analysis, and reporting associated with the Year One Survey; \$175,000 for the Year Four Survey (some savings to be realized in survey design).

State and Local Awareness and Preparedness Assessment

As previously discussed, while there seems to be growing awareness and sensitivity vis-à-vis population aging, there is still ample evidence that the attention it garners at the state and local levels is inadequate. Whatever planning occurs appears limited and/or fragmented. More importantly, little is known about the extent to which population aging is being considered by those planning future policies and programs. Therefore, two initiatives are recommended—one focused on the state, the other locally.

State Executive Assessment

The aging of the population is a driving force that has implications for nearly all, if not all, state agencies. While the Division of Aging and Adult Services seeks input from many of these agencies when it produces its four-year *State Aging Services Plan*, it generally has not had a substantive means of capturing the attention of these agencies and encouraging their consideration of population aging in their respective planning and policy and program development. Several states (e.g., Minnesota, New York, and Texas) provide a model for having the legislature and/or governor require such an assessment of their state agencies (see Attachment L for information on the process used by Texas). If North Carolina invests in a comprehensive, statewide, and long-term consumer assessment, it only seems prudent to assure that the information collected is considered by state agencies in guiding their future work. It also seems logical that an assessment of each state agency’s planning and preparedness be conducted and shared to promote collaboration and identify assets and problems.

It is recommended that the *State Strategic and Steering Team* would plan and direct a process every other year over a five-year period that would have each relevant department, office, and system of state government assess the implications of the aging population on its programs and services, and to report its findings and recommendations for consideration (using a prescribed reporting format). Use of a web-based application is recommended to facilitate response and analysis of agency reports, and to minimize the expense of survey administration. The *State Strategic and Steering Team* would prepare a summary document to be presented to the Governor and the General Assembly. It is also expected that the *State Strategic and Steering Team* would share the results of the consumer assessment and any special studies with state agencies to guide their future planning for policy and programs. Affected departments, offices, and systems would likely include: Administration, Agriculture and Consumer Services, Commerce, Community Colleges, Correction, Crime Control and Public Safety, Cultural Resources, Employment Security Commission, Environment and Natural Resources, Health and Human Services, Housing Finance Agency, Insurance, Justice, Labor, Revenue, State Personnel, and Transportation. A simple but important example of how issues involving the aging of the

population extend beyond human services and supports was a recently reported finding of the NC Justice Center that 42 percent of the state’s workforce lack paid sick time, which has implications for workers with family caregiving responsibilities.

“The Project 2015 initiative has provided a process of planning, engagement and action by 36 participating New York State government agencies to prepare for the impact of the aging and increasing diversity of our state’s population....In the years since the initial strategic planning took place, [participating] agencies have successfully used their planning document (agency brief) as the basis for adopting new approaches to better serve our aging, more diverse population.”

Fiscal note: The costs associated with this activity are included below in the note for the Local Assessment.

Local Assessment

As reviewed previously, North Carolina’s local governments had a less than optimal showing in response to the 2005 *Maturing of America* survey. More importantly, information about North Carolina’s local preparedness is generally unavailable. It is vital for state and local planning that more be known about local awareness and what steps are underway to enhance community livability and senior-friendliness. It is, therefore, recommended that the *State Strategic and Steering Team* plan and oversee administration of a survey of local governments—working closely with the NC Association of County Commissioners and the NC League of Municipalities. Similar to the assessment of State agencies, the local government survey would be web-based and conducted in years one, three, and five of *Project CACE* to measure changes in awareness and activity. It is estimated that the implementation of the survey would take two to three months. The State Strategic and Steering Team would release a report of the findings for each of the three years. The report would include promising practices and new initiatives. Through the UNC Institute on Aging, colleges and universities would be encouraged to work with AAAs to conduct qualitative research on promising practices and initiatives and produce profiles that can be shared with other governments.

The survey used in the *Maturing of America* project could serve as a model (see Attachment C), along with similar surveys produced by other states (see Attachment M for survey approach planned for Illinois), to facilitate comparison with state and national benchmarks whenever possible. Focus groups of key informants, representative of all areas of the state, will assist with development of the survey instrument. There should be a core set of standardized questions—framed by the LSFC concept—to facilitate comparative analysis. To meet other local needs for information, a limited number of additional questions could be added at the request of county officials.

Fiscal note: \$75,000 would be needed to support administration, analysis, and reporting of the survey in each of the three years.

Retirement Migration Study and Other Studies

To inform and supplement the consumer assessment and other components of *Project CACE*, it is recommended that there be state support for applied research deemed by the *State Strategic and Steering Team* to be essential for future planning of policies and programs. One such area is likely to be the implications of retirement migration on North Carolina and its communities. As

of the 2000 Census, North Carolina ranked third among states in the net migration of retirees with a net migration number of 34,290 among persons age 60 and older in the five-year period between 1995 and 2000—only trailing Florida and Arizona. Along with other “Sunbelt” states (Florida, South Carolina, Texas, Tennessee, Georgia, and Virginia), North Carolina remains a popular destination for people of all ages, including seniors. The latest data estimates that 22,893 older adults (60+) relocated to North Carolina from other states and abroad in just one year between 2004 and 2005. That means that in 2005, 17 out of every 100 people 60 and older living in the state had been living out of the state the year before. Older migration of persons among counties and within counties is another important factor for state and local policy and program planning. It is certainly a factor for some, if not all, of the six counties identified in Section 1 of S.B. 448 (i.e., Buncombe, Brunswick, Gaston, Henderson, Moore, and New Hanover). Yet, North Carolina knows far too little about these emerging subgroups of migrating retirees and the implications of their movement for public policy and programs. There are many other subgroups (e.g., persons with Alzheimer’s disease, persons with sensory impairments) and sub-issues that may warrant special examination.

“Because of variability in the migration of older adults across counties and communities within counties as well as an opportunity to examine closely the dynamics of African Americans returning to home areas with advancing years, Eastern North Carolina provides a natural educational, research, and policy laboratory. University partners with long-standing relationships with regional, local, and state service providers are positioned ideally to compile information to assist counties and municipalities challenged with meeting the needs of older natives and immigrants, their families, and service providers.”

—Dr. Jim Mitchell, East Carolina University Brody School of Medicine, Center on Aging

Fiscal note: It is estimated that an annual, recurring appropriation of \$50,000 would be needed for these special studies, determined by the *State Strategic and Steering Team*; this is referenced in the fiscal note for this Team.

State and Local Planning and Development

It is clearly not sufficient to conduct assessments and publish reports. A vital step in the effective use of the information gathered is the provision of findings to stakeholders in a form that aids their understanding and application of the information. This transmission can be accomplished in a number of ways but should at least include:

- Publishing and presentation of reports targeted to specific agencies and communities whenever possible;
- Developing tools and offering training sessions to familiarize stakeholders with the relevance of the information—this could be done in a number of venues, including possibly working with the UNC School of Government and participating academic institutions;
- Making the survey data available for further analysis whenever possible; and
- Creating a web-site for ready access to all products and for sharing ideas and asking questions.

While state-level interest and leadership are essential, no less important is assuring adequate local and regional capacity for using the information and other tools provided to plan and respond to the aging population. A key component is the resources available for NC’s 17 Area Agencies on Aging and the Councils of Government to facilitate local and regional planning that

involves not only local governments but also the private sector. In addition, as was first proposed in the *1991 State Aging Plan*, counties—and their cities and town—should be supported in their local planning for an aging population. The value of supporting local efforts was reiterated in the *2001 Long Term Care Plan for North Carolina*:

“Local communities and regional coalitions have been leaders in the effort to reform the long-term care delivery system....By acting as incubators of new long-term care systems change, these counties assumed a risk that their initiative would not be in-line with state long-term care policy. Yet, the [Long-Term Care] Task Force wants to support these local leaders—in that their experiences at the local level have helped to inform and improve statewide policy efforts.”

Fiscal note: It is recommended that the General Assembly:

(1) increase support for Area Agencies on Aging by (a) restoring the \$270,000 for recurring AAA State support, reduced in 2001, and (b) funding an additional position at each AAA targeted to facilitate regional and community planning for aging, at a total State cost of \$1.2 million, which would grow to \$1.6 million with a 25% match participation rate (personnel for these positions would have knowledge and skills appropriate for such tasks as effective use of technology—e.g., GIS mapping; strong working relationships with city, county, and regional planners; facilitation of focus groups, and data analysis and presentation);
(2) provide \$20,000 in recurring funds to each county for a total amount of \$2 million; and
(3) provide \$25,000 in recurring funds for the use of consultants to support the work of the AAAs, counties, and State staff involved in *Project CACE* (e.g., development and presentation of training curricula and tools). All State staff support needed for this activity is shown in the fiscal note for the *State Strategic and Steering Team*.

Aging Data Warehouse

Accessible information is vital for effective planning at the state and local levels. This includes information to help planners and the public alike assess whether efforts on behalf of aging adults are creating the intended results for individuals, families, and communities. Unfortunately information on services, costs, and results currently mirrors the often fragmented nature of the current service system for aging adults. Such information is stored in categorical programs that do not interface, making it difficult to assess service and access barriers as well as intended results.

Absent access to information to assess state and local planning and intervention, there is no way to systematically evaluate and learn from those efforts. It is like driving without a clear destination in mind or indicators to tell you when you have arrived or when you are hopelessly lost. Therefore a component of *Project CACE* is a proposed Data Warehouse for Aging. It is recommended that the *State Strategic and Steering Team* include in its assessment of state agencies, questions about what applicable secondary data elements are currently available, how they are stored, and their capacity for being integrated with other data sets. The team would also assess which elements are currently missing and critical for the creation of a result-based data warehouse.

The Team’s findings would determine the overall design for an Aging Data Warehouse, modifications and links to existing information sets, and recommendations for its subsequent deployment. The *State Strategic and Steering Team* would include a state fiscal note in its recommendations.

Fiscal note: No current note is needed.

Conclusion: Now is the time for North Carolina to invest in its first comprehensive study of its older population and the readiness of communities and the state to respond. By supporting *Project CACE*, North Carolina’s legislative and executive branches will have a solid foundation of information for use in formulating and supporting sound policies and programs that maximize the assets of the aging population and assure effective stewardship of resources. They will have increased ability to measure the effect of local and state activity in order to shape future legislative and executive actions to build on successes and modify less effective approaches. This effort will assist North Carolina in better meeting the needs and expectations of our aging population as our communities strive to be among the nation’s most livable and senior-friendly. In the absence of the information that *Project CACE* can provide, North Carolina runs the risk of being ill-prepared for a demographic future that it has never before experienced. An investment in local planning is especially important because this is largely where the development of livable and senior-friendly communities must occur.

Fiscal Note: The total proposed annual, recurring cost of *Project CACE* is \$3,770,000, with additional non-recurring costs totaling \$600,000—as outlined below.

Item	Recurring	Non-Recurring
Support of State Strategic and Steering Team	\$225,000	
Consumer Survey—Year One		\$200,000
Consumer Survey—Year Four		\$175,000
State and Local Assessments—Year One		\$75,000
State and Local Assessments—Year Three		\$75,000
State and Local Assessments—Year Five		\$75,000
Support of Special Studies	\$50,000	
Restore AAA State Support	\$270,000	
Fund <i>Project CACE</i> Position at Each AAA	\$1,200,000	
Support Local Planning Statewide	\$2,000,000	
Support Use of Special Consultants for Project CACE activities	\$25,000	
Aging Data Warehouse	To be recommended in future	
Total	\$3,770,000	\$600,000